



HOSPITALITY ALCOHOL MANAGEMENT SEMINAR REGISTRATION FORM

A registration form must be submitted for each trainee

Last Name _____ First Name _____ Middle Initial _____

Employer _____ Job Title _____

Business Address _____ Your Manager's Name _____

City _____ State _____ Zip Code _____ Business phone _____

How many years have you been at your present place of employment? _____

How many years have you been employed in the hospitality industry? _____

Have you had any formal training in responsible beverage service or mixology? Yes No

**Please return your \$75.00 payment with your completed registration form.
Please mark your choice for training date and send back by the 1st of the month.**

Class Time - 1pm - 5pm

Location: 1501 N. 27th Street
27th & Holdrege Streets, Center Team Police Station

- | | |
|---|--|
| <input type="radio"/> January 8, 2015 | <input type="radio"/> July 9, 2015 |
| <input type="radio"/> February 12, 2015 | <input type="radio"/> August 13, 2015 |
| <input type="radio"/> March 12, 2015 | <input type="radio"/> September 10, 2015 |
| <input type="radio"/> April 9, 2015 | <input type="radio"/> October 8, 2015 |
| <input type="radio"/> May 14, 2015 | <input type="radio"/> November 12, 2015 |
| <input type="radio"/> June 11, 2015 | <input type="radio"/> December 10, 2015 |

Send payment and form to:

Responsible Hospitality Council
c/o City Council
555 S. 10th Street
Lincoln, NE 68508

If you have questions, call 402.441.7239